

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px">M M M</table> / <table border="1" style="display:inline-table; width:40px">D D D</table> / <table border="1" style="display:inline-table; width:80px">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee DIRECTMAIL.COM			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px">08</table> / <table border="1" style="display:inline-table; width:40px">22</table> / <table border="1" style="display:inline-table; width:80px">2016</table>		
Mailing Address 5351 KETCH ROAD			Amount <table border="1" style="display:inline-table; width:150px">5600.00</table>		
City PRINCE FREDERICK	State MD	Zip Code 20678-3470	Transaction ID : SE24.92778		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px">08</table> / <table border="1" style="display:inline-table; width:40px">22</table> / <table border="1" style="display:inline-table; width:80px">2016</table>		
Name of Federal Candidate DONALD TRUMP			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px">212392.62</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DIRECTMAIL.COM			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px">08</table> / <table border="1" style="display:inline-table; width:40px">22</table> / <table border="1" style="display:inline-table; width:80px">2016</table>		
Mailing Address 5351 KETCH ROAD			Amount <table border="1" style="display:inline-table; width:150px">5600.00</table>		
City PRINCE FREDERICK	State MD	Zip Code 20678-3470	Transaction ID : SE24.92779		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px">08</table> / <table border="1" style="display:inline-table; width:40px">22</table> / <table border="1" style="display:inline-table; width:80px">2016</table>		
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px">212392.62</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px">11200.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; width:150px"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

 /

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PINKSTON DIGITAL INC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016		
Mailing Address 5270 SHAWNEE ROAD SUITE 102 SUITE 102			Amount 1000.00		
City ALEXANDRIA	State VA	Zip Code 22312	Transaction ID : SE24.92782		
Purpose of Expenditure WEB DESIGN & DEVELOPMENT		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016		
Name of Federal Candidate DONALD TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 212392.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee PINKSTON DIGITAL INC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016		
Mailing Address 5270 SHAWNEE ROAD SUITE 102 SUITE 102			Amount 1000.00		
City ALEXANDRIA	State VA	Zip Code 22312	Transaction ID : SE24.92783		
Purpose of Expenditure WEB DESIGN & DEVELOPMENT		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016		
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 212392.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Robert Frank

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Date

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST MARKETING		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 1272 CORPORATE PARK ROAD		Amount 9550.00	
City FOREST	State VA	Zip Code 24551-2277	Transaction ID : SE24.92780
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016	
Name of Federal Candidate DONALD TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 212392.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee RST MARKETING		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 1272 CORPORATE PARK ROAD		Amount 9550.00	
City FOREST	State VA	Zip Code 24551-2277	Transaction ID : SE24.92781
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 212392.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	32300.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

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Date

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Signature